

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

2008 SEP 10 A 11:11

1. Person Making the Disbursements/Obligations

(a) Name U.S. Chamber of Commerce
 (b) Address (number and street) ☐ check if different than previously reported
1615 H Street NW
 (c) City, State and ZIP Code Washington DC 20062
 (d) Name of Employer or Principal Place of Business
 (e) Occupation

2. FEC Identification Number

C70004395

3. Is This Statement

☒ New
or

☐ Amended

4. Covering Period

09 ' 05 ' 2008
through
09 ' 09 ' 2008

5. (a) Date of Public Distribution(s) 09 ' 09 ' 2008 (b) Communication Title Healthy Minnesota

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name Rob Engstrom
 (b) Address (number and street)
1615 H. Street, NW
 (c) City, State and ZIP Code
Washington DC 20062
 (d) Name of Employer or Principal Place of Business
U.S. Chamber of Commerce
 (e) Occupation
Vice President

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

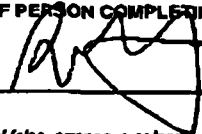
149,987.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Rob Engstrom

SIGNATURE



DATE

9/9/08

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

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